

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/1696103
FILING DATE
APPLICANT(S)

8-6-84

CLAIMS

AS FILED	AFTER		AFTER	
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.
1				
2				
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48	/			
49	/			
50	/			
TOTAL IND.	5	↓	↓	↓
TOTAL DEP.	5	↓	↓	↓
TOTAL CLAIMS	5			

8-6-84					
IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS